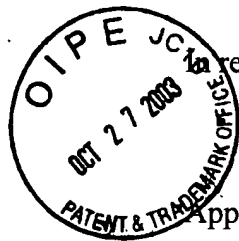


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re Application of

LIPTON, et al.

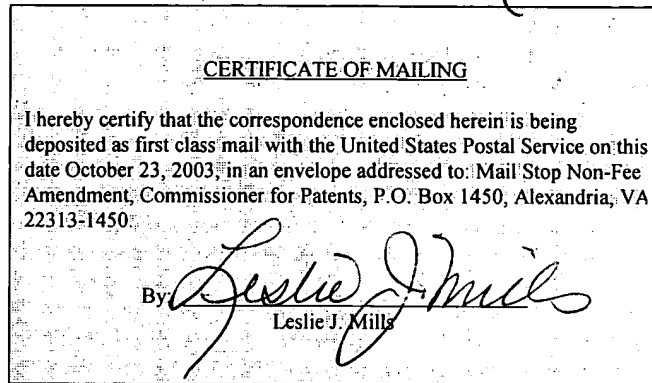
Appln. No.: 09/943,890

Filed: August 30, 2001

For: AUTOSTEREOSCOPIC  
LENTICULAR SCREEN

) Group Art Unit: 2872  
)  
) Examiner: Audrey Y. Chang  
)  
)  
)  
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)

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



RESPONSE TO OFFICE ACTION DATED APRIL 23, 2003

Sir:

In response to the Office Action dated April 23, 2003, please enter the amendments to the claims and specification contained in the Appendix hereto in light of the following remarks.

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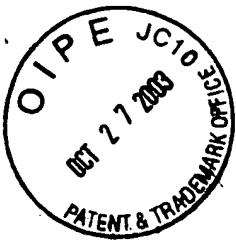
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Amd/A  
7/Response  
11-4-03  
[Signature]



DERGOSITS & NOAH LLP  
FOUR EMBARCADERO CENTER, SUITE 1150  
SAN FRANCISCO, CA 94111  
(415) 705-6377

In re Application of: Lenny Lipton et al.

Attorney Docket No.: 300.68

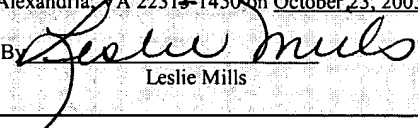
Serial No.: 09/943,890

Filed: August 30, 2001

For: AUTOSTEREOSCOPIC LENTICULAR SCREEN

AMENDMENT TRANSMITTAL

Mail Stop Fee Amendment  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 23, 2003.	
By	 Leslie Mills

RECEIVED  
OCT 30 2003  
TECHNOLOGY CENTER 2800

Sir:

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee
Total Claims	17	Minus	** 22	= 0	x \$18.00	\$ 0
Independent Claims	*3	Minus	*** 5	= 0	x \$86.00	\$ 0
First Presentation of Multiple Dependent Claim					x \$290.00	\$ 0

Total \$ 0

Small Entity 50% Filing Fee Reduction (if applicable) \$0

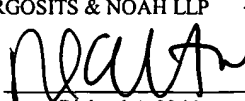
- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest Number Previously Paid For" (Total or Independent is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.)

- ☐ No additional fee is required.
- ☒ A check in the amount of \$475.00 (small entity) is attached for a Request for a Three-month Extension of Time.
- ☒ Please charge any additional fees, including any fees necessary for extensions of time, or credit any overpayment to Deposit Account No. 04-0822.
- ☒ Petition of a Three-month Extension of Time. The undersigned attorney of record hereby petitions for a Three-month Extension of Time pursuant to 37. C.F.R. §1.135(a), as may be required, to file this response.

Respectfully submitted,

DERGOSITS & NOAH LLP

By:

  
Richard A. Nebb  
Reg. No.33,540

Dated:

10/23/03